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## REISSUE PATENT APPLICATION TRANSMITTAL

| Addison  | Attorney D   | ocket No.   | 1826-310CIPRI |                     |   |  |  |  |  |  |
|--|--|---|---------------|---------------------|---|--|--|--|--|--|
| Address to:  | First Name   | d Inventor  | Ronald D      | McCallister         | _ |  |  |  |  |  |
| Mail Stop Reissue  | Original Pa  | tent Number   | 6,366,619     |                     |   |  |  |  |  |  |
| Commissioner for Patents P.O. Box 1450   | Original Pa<br>(Month/Da)  | tent Issue Date   | 04/02/2002    |                     |   |  |  |  |  |  |
| Alexandria, VA 22313-1450  | ail Label No.  | EV155815073US   |               |                     |   |  |  |  |  |  |
| APPLICATION FOR REISSUE OF:  |  |   | 1             |                     |   |  |  |  |  |  |
| (Check applicable box) Utility   | Design Pate  | nt  | Plant Patent  |                     |   |  |  |  |  |  |
| APPLICATION ELEMENTS (37 CFR 1.173)  | ACCOMPANYING APPLICATION PARTS   |   |               |                     |   |  |  |  |  |  |
| Fee Transmittal Form (PTO/SB/56)  (Submit an original, and a duplicate for fee processing the state of the processing the |  |   |               |                     |   |  |  |  |  |  |
| 1. (Submit an original, and a duplicate for fee processing)  | Submit an original, and a duplicate for fee processing)                      |   |               |                     |   |  |  |  |  |  |
| 2. Applicant claims small entity status. See 37 CFR 1.2  | 11. Original Patent Grant  |   |               |                     |   |  |  |  |  |  |
| 3. Specification and Claims in double column copy of p (amended, if appropriate)   | Ribboned Original Patent Grant   |   |               |                     |   |  |  |  |  |  |
| 4. Drawing(s) (proposed amendments, if appropriate)  |  |   |               |                     |   |  |  |  |  |  |
| 5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)  | Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) |   |               |                     |   |  |  |  |  |  |
| 6. Power of Attorney   | Power of Attorney  |   |               |                     |   |  |  |  |  |  |
| 7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))   |  | English Translation of Reissue Oath/Declaration 14. (if applicable)   |               |                     |   |  |  |  |  |  |
| Written Consent of all Assignees (PTO/SB/53)   | 15. Preliminary Amendment  |   |               |                     |   |  |  |  |  |  |
| 37 CFR 3.73(b) Statement (PTO/SB/96)   |  | Return Receipt Postcard (MPEP 503)  (Should be specifically itemized) |               |                     |   |  |  |  |  |  |
| 8. CD-ROM or CD-R in duplicate, Computer Program (A or large table   | 17. Other: Check in the amount of \$770.00                                   |   |               |                     |   |  |  |  |  |  |
| Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all of the following are necessary)   |  |   |               | <del></del>         |   |  |  |  |  |  |
| a. Computer Readable Form (CFR) b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); or   |  |   |               |                     |   |  |  |  |  |  |
| ii paper   |  |   |               |                     |   |  |  |  |  |  |
| c. Statements verifying identity of above copies   |  |   |               |                     |   |  |  |  |  |  |
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| Name Lowell W. Gresham   |  |   |               |                     |   |  |  |  |  |  |
| Address Meschkow & Gresham, PLC  |  |   |               |                     |   |  |  |  |  |  |
| 5727 North Seventh Street, Suite 409   | □ Ct   | ate Arizona   | Zip Code      | 85014               |   |  |  |  |  |  |
| <u> </u>   | <del> </del>   | 7.1120110   | Fax           |                     |   |  |  |  |  |  |
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Registration No. (Attorney/Agent)

Date

31,165

11/19/2003

Name (Print/Type)

Signature

Lowell, W. Gresham

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licant: Ronald D. McCallister, et al.

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on

Date

19 November 2003

MESCHKOW & GRESHAM, P.L.C. 5727 North Seventh Street Suite 409 Phoenix, Arizona 85014

602-274-6996

Signature

Respectfully submitted,

Lowell W. Gresham Attorney for Applicant Registration No. 31,165

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| REISSUE APPLICATION FEE TRANSMITTAL FORM   |     |                        |         |  |                     |   |                   | Docket Number (Optional) 1826-310CIPRI |          |              |     |     |                  |                  |
|--|-----|------------------------|---------|--|---------------------|---|-------------------|--|----------|--------------|-----|-----|------------------|------------------|
|  |     |                        |         |  | - (                 | Claims as File                                      | ed - '            | Part 1                                 |          |              |     |     |                  |                  |
|  |     | (1)                    | Niver   | (2)                                    |                     | (3)   |                   | 7                                      | Small    | ~——          |     |     | Other than a Sm  |                  |
|  |     | Claims<br>in<br>Patent | F       | nber Filed in<br>Reissue<br>pplication | Number Extra        |   | a                 | Rate                                   |          | Fee          | Fee |     | Rate             | Fee              |
| Total Claims<br>(37 CFR 1.16(j))<br>Independent claims   |     | (A) 20                 | (B)     | 20                                     | ***                 | 0   | = x\$_            |  | =        |              |     |     | x \$ <u>18</u> = | 0.00             |
| (37 CFR 1.16(i))   |     | (C) 3                  | (D)     | 3                                      | <u>  • </u>         | 0   | =                 | x \$                                   |          | <u> </u>     |     | or  | x \$ _86_=       | 0.00             |
|  |     |                        |         | _ <del></del>                          | Basic Fee (37 CFR 1 |   |                   | R 1.16(h)                              | ))       | \$           |     |     |                  | \$ <u>770.00</u> |
|  |     |                        |         |  |                     | Total Filing Fee \$_                                |                   |  |          | \$           |     |     | OR               | \$ <u>770.00</u> |
|  |     |                        |         | T                                      | Cla                 | aims as Amer  |                   |  | <u>.</u> |              |     |     |                  |                  |
|  |     | (1)<br>taims Rem       | naining |  | High                | (2)<br>est Number                                   |                   | (3)<br>Extra                           |          | Small Entity |     |     | Other than a S   |                  |
|  |     | After Amend            | _       |  | Pı                  | reviously<br>Paid For                               | c                 | Claims<br>Present                      |          |              | Fee |     | Rate             | Fee              |
| Total Claims<br>(37 CFR 1.16(j))   | *** | 20                     | 1       | MINUS                                  | **                  | 20  | •                 | = 0                                    | x \$ _   | =            |     |     | x \$18=          | 0.00             |
| Independent<br>Claims (37 CFR<br>1.16(i))  | *** | 3                      |         | MINUS                                  | ****                | 3   | =                 | 0                                      | ×\$_     | =            |     |     | x \$ <u>86</u> = | 0.00             |
|  |     |                        |         |  |                     |   | To                | Total Additional Fee \$                |          |              |     |     | OR               | \$ 0.00          |
| * If the entry in (D) is less than the entry in (C), Write "0" in column 3.  ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancellation of claims.  **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).  Applicant claims small entity status. See 37 CFR 1.27. |     |                        |         |  |                     |   |                   |  |          |              |     |     |                  |                  |
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| 19 No  | vem | ber 2003               |         | <del></del>                            |                     |   |                   | し                                      | 10°U     | nei          | e u | 100 | Hum              | am               |
| Date   |     |                        |         |  |                     | Signature of Applicant, Attorney or Agent of Record |                   |  |          |              |     |     |                  |                  |
| 31,165   |     |                        |         |  |                     | -   | Lowell W. Gresham |  |          |              |     |     |                  |                  |
| Registration Number, if applicable  Typed or printed name  |     |                        |         |  |                     |   |                   |  |          |              |     |     |                  |                  |

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